



NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES
DIVISION OF HEALTH SERVICE REGULATION • DEPARTMENT OF HEALTH & HUMAN SERVICES

Emergency Medical Technician-Intermediate (EMT-I) Refresher Educational Objectives

These educational objectives are taken from the 2001 Release of the United States Department of Transportation (US DOT) National Highway Traffic Safety Administration (NHTSA) EMT-Paramedic Course: National Standard Refresher Curriculum. The objectives have been selected to prepare the student to function as a North Carolina EMT-I, and are based upon the current scope of practice for EMT-Is as determined by the North Carolina Medical Board and North Carolina College of Emergency Physicians.

COGNITIVE OBJECTIVES

At the completion of this unit, the student will be able to:

- 1.1 Describe the indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient by: (C-1) / 2-1.43
 - Mouth-to-mouth
 - Mouth-to-nose
 - Mouth-to-mask
 - One person bag-valve-mask
 - Two person bag-valve-mask
 - Three person bag-valve-mask
 - Flow-restricted, oxygen-powered ventilation device
- 1.2 Compare the ventilation techniques used for an adult patient to those used for pediatric patients. (C-3) / 2-1.45
- 1.3 Describe indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient with an automatic transport ventilator (ATV). (C-1) / 2-1.46
- 1.4 Define how to ventilate with a patient with a stoma, including mouth-to-stoma and bag-valve-mask-to-stoma ventilation. (C-1) / 2-1.54
- 1.5 Describe the special considerations in airway management and ventilation for patients with facial injuries. (C-1) / 2-1.55
- 1.6 Describe the special considerations in airway management and ventilation for the pediatric patient. (C-1) / 2-1.56

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the student will be able to:

- 1.7 Demonstrate ventilating a patient by the following techniques: (P-2) / 2-1.95
 - Mouth-to-mask ventilation
 - One person bag-valve-mask
 - Two person bag-valve-mask
 - Three person bag-valve-mask
 - Flow-restricted, oxygen-powered ventilation device
 - Automatic transport ventilator
 - Mouth-to-stoma
 - Bag-valve-mask-to-stoma ventilation
- 1.8 Ventilate a pediatric patient using the one and two person techniques. (P-2) / 2-1.96
- 1.9 Perform bag-valve-mask ventilation with an in-line small-volume nebulizer. (P-2) / 2-1.97
- 1.10 Perform assessment to confirm correct placement of the endotracheal tube (P-2) / 2-1.103
- 1.11 Intubate the trachea by the following methods:
 - Orotracheal intubation
 - Nasotracheal intubation
 - Multi-lumen airways

COGNITIVE OBJECTIVES

At the completion of this unit, the student will be able to:

- 2.3 Based on field impressions, identify the need for rapid intervention for the patient in cardiovascular compromise. (C-3) / 5-2.53
- 2.9 Describe the most commonly used cardiac drugs in terms of therapeutic effect and dosages, routes of administration, side effects and toxic effects. (C-3) / 5.2.84
- 2.10 List the interventions prescribed for the patient in acute congestive heart failure. (C-2) / 5-2.94
- 2.11 Describe the most commonly used pharmacological agents in the management of congestive heart failure in terms of therapeutic effect, dosages, routes of administration, side effects and toxic effects. (C-1) / 5-2.95
- 2.17 Identify the critical actions necessary in caring for the patient with cardiac arrest. (C-3) / 5-2.125
- 2.18 Describe the most commonly used pharmacological agents in the management of cardiac arrest in terms of therapeutic effects. (C-3) / 5-2.129
- 2.20 Develop, execute, and evaluate a treatment plan based on the field impression for the heart failure patient. (C-3) / 5-2.168

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the student will be able to:

- 2.26 Given the model of a patient with signs and symptoms of heart failure, position the patient to afford comfort and relief. (P-2) / 5-2.203
- 2.27 Demonstrate satisfactory performance of psychomotor skills of basic and advanced life support techniques according to the current American Heart Association Standards and Guidelines, including: (P-3) / 5-2.205
 - Cardiopulmonary resuscitation
 - Defibrillation

COGNITIVE OBJECTIVES

At the completion of this unit, the student will be able to:

- 3.1 Describe physical manifestations in anaphylaxis. (C-1) / 5-5.13
- 3.2 Differentiate manifestations of an allergic reaction from anaphylaxis. (C-3) / 5-5.14
- 3.3 Recognize the signs and symptoms related to anaphylaxis. (C-1) / 5-5.15
- 3.4 Differentiate among the various treatment and pharmacological interventions used in the management of anaphylaxis. (C-3) / 5-5.16
- 3.5 Correlate abnormal findings in assessment with the clinical significance in the patient with anaphylaxis. (C-3) / 5-5.18
- 3.6 Develop a treatment plan based on field impression in the patient with allergic reaction and anaphylaxis. (C-3) / 5-5.19
- 3.7 List signs and symptoms of near-drowning. (C-1) 5-10.54
- 3.8 Describe the lack of significance of fresh versus saltwater immersion, as it relates to near-drowning. (C-3) / 5-10.55
- 3.9 Discuss the incidence of "wet" versus "dry" drownings and the differences in their management. (C-3) 5-10.56
- 3.10 Discuss the complications and protective role of hypothermia in the context of near-drowning. (C-1) / 5-10.57
- 3.11 Correlate the abnormal findings in assessment with the clinical significance in the patient with near-drowning. (C-3) / 5-10.58
- 3.12 Differentiate among the various treatments and interventions in the management of near-drowning. (C-3) 5-10.59
- 3.15 Correlate abnormal findings in the assessment with the clinical significance in the patient exposed to a toxic substance. (C-3) / 5-8.61
- 3.16 Correlate the abnormal findings in assessment with the clinical significance in patients with the most common poisonings by overdose. (C-3) / 5-8.44
- 3.17 Correlate the abnormal findings in assessment with the clinical significance in patients using the most commonly abused drugs. (C-3) / 5-8.53
- 3.18 List the clinical uses, street names, pharmacology, assessment finding and management for patient who have taken the following drugs or been exposed to the following substances: (C-1) / 5-8.56

• Cocaine	• Alcohols
• Marijuana and cannabis compounds	• Hydrocarbons
• Amphetamines and amphetamine-like drugs	• Psychiatric medications
• Barbiturates	• Newer anti-depressants and serotonin syndromes
• Sedative-hypnotics	• Lithium
• Cyanide	• MAO inhibitors
• Narcotics/ opiates	• Non-prescription pain medications
• Cardiac medications	• Nonsteroidal antiinflammatory agents
• Caustics	• Salicylates
• Common household substances	• Acetaminophen
• Drugs abused for sexual purposes/ sexual gratification	• Metals
• Carbon monoxide	• Plants and mushrooms

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

None identified for this unit.

COGNITIVE OBJECTIVES

At the completion of this unit, the student will be able to:

- 4.1 State the reasons for performing a rapid trauma assessment. (C-1) / 3-3.35
- 4.2 Recite examples and explain why patients should receive a rapid trauma assessment. (C-1) / 3-3.36
- 4.3 Apply the techniques of physical examination to the trauma patient. (C-1) / 3-3.37
- 4.4 Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. (C-1) / 3-3.38
- 4.5 Differentiate cases when the rapid assessment may be altered in order to provide patient care. (C-3) / 3-3.39
- 4.6 Discuss the treatment plan and management of hemorrhage and shock. (C-1) / 4-2.8
- 4.7 Develop, execute and evaluate a treatment plan based on the field impression for the hemorrhage or shock patient. (C-3) / 4-2.44
- 4.15 Differentiate between the types of head/ brain injuries based on the assessment and history. (C-3) / 4-5.64
- 4.16 Formulate a field impression for a patient with a head/ brain injury based on the assessment findings. (C-3) / 4-5.65
- 4.17 Describe the assessment findings associated with spinal injuries. (C-1) / 4-6.6
- 4.18 Identify the need for rapid intervention and transport of the patient with spinal injuries. (C-1) / 4-6.8
- 4.20 Differentiate between spinal injuries based on the assessment and history. (C-3) / 4-6.10
- 4.21 Formulate a field impression based on the assessment findings (spinal injuries). (C-3) / 4-6.11
- 4.22 Develop a patient management plan based on the field impression (spinal injuries). (C-3) / 4-6.12
- 4.23 Describe the assessment findings associated with traumatic spinal injuries. (C-1) / 4-6.14
- 4.24 Describe the management of traumatic spinal injuries. (C-1) / 4-6.15
- 4.26 Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3) / 4-6.17
- 4.27 Formulate a field impression for traumatic spinal injury based on the assessment findings. (C-3) / 4-6.18
- 4.28 Develop a patient management plan for traumatic spinal injury based on the field impression. (C-3) / 4-6.19
- 4.29 Describe the assessment findings associated with non-traumatic spinal injuries. (C-1) / 4-6.21
- 4.30 Describe the management of non-traumatic spinal injuries. (C-1) / 4-6.22
- 4.32 Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3) / 4-6.24
- 4.33 Formulate a field impression for non-traumatic spinal injury based on the assessment findings. (C-3) 4-6.25
- 4.34 Develop a patient management plan for non-traumatic spinal injury based on the field impression. (C-3) / 4-6.26
- 4.35 Discuss the management of thoracic injuries. (C-1) / 4-7.7
- 4.36 Identify the need for rapid intervention and transport of the patient with chest wall injuries. (C-1) / 4-7.11
- 4.37 Discuss the management of chest wall injuries. (C-1) / 4-7.12
- 4.38 Discuss the management of lung injuries. (C-1) / 4-7.15
- 4.39 Identify the need for rapid intervention and transport of the patient with lung injuries. (C-1) / 4-7.16
- 4.40 Discuss the management of myocardial injuries. (C-1) / 4-7.19
- 4.41 Identify the need for rapid intervention and transport of the patient with myocardial injuries. (C-1) / 4-7.20
- 4.42 Discuss the management of vascular injuries. (C-1) / 4-7.23
- 4.43 Identify the need for rapid intervention and transport of the patient with vascular injuries. (C-1) / 4-7.24
- 4.44 Discuss the management of diaphragmatic injuries. (C-1) / 4-7.27

- 4.45 Identify the need for rapid intervention and transport of the patient with diaphragmatic injuries. (C-1) / 4-7.28
- 4.46 Discuss the management of esophageal injuries. (C-1) / 4-7.31
- 4.47 Identify the need for rapid intervention and transport of the patient with esophageal injuries. (C-1) / 4-7.32
- 4.48 Discuss the management of tracheo-bronchial injuries. (C-1) / 4-7.35
- 4.49 Identify the need for rapid intervention and transport of the patient with tracheo-bronchial injuries. (C-1) / 4-7.36
- 4.50 Discuss the management of traumatic asphyxia. (C-1) / 4-7.39
- 4.51 Identify the need for rapid intervention and transport of the patient with traumatic asphyxia. (C-1) / 4-7.40
- 4.52 Develop a patient management plan based on the field impression (thoracic injuries). (C-3) / 4-7.44
- 4.53 Describe the management of abdominal injuries. (C-1) / 4-8.8
- 4.54 Develop a patient management plan for patients with abdominal trauma based on the field impression. (C-3) / 4-8.12
- 4.55 Formulate a field impression based upon the assessment findings for a patient with abdominal injuries. (C-3) / 4-8.36
- 4.56 Develop a patient management plan for a patient with abdominal injuries, based upon field impression. (C-3) / 4-8.37

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the student will be able to:

- 4.57 Using the techniques of physical examination, demonstrate the assessment of a trauma patient. (P-2) / 3-3.77
- 4.58 Demonstrate the rapid trauma assessment used to assess a patient based on mechanism of injury. (P-2) / 3-3.78
- 4.59 Demonstrate the management of a patient with signs and symptoms of hemorrhagic shock. (P-2) / 4-2.46
- 4.60 Demonstrate the management of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2) / 4-2.48
- 4.61 Demonstrate the management of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2) / 4-2.50
- 4.62 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury. (P-1) / 4-6.29
- 4.63 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury. (P-1) / 4-6.30
- 4.64 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: (P-1) / 4-6.31
 - Supine
 - Prone
 - Semi-prone
 - Sitting
 - Standing
- 4.65 Demonstrate preferred methods for stabilization of a helmet from a potentially spine injured patient. (P-1) / 4-6.33

4.66 Demonstrate the following techniques of management for thoracic injuries: (P-1) / 4-7.50

- Fracture stabilization
- Elective intubation
- ECG monitoring
- Oxygenation and ventilation

4.67 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma. (P-1) / 4-8.41

COGNITIVE OBJECTIVES

At the completion of this unit, the student will be able to:

- 5.1 Describe techniques for successful assessment of infants and children. (C-1) / 6-2.8
- 5.2 Describe techniques for successful treatment of infants and children. (C-1) / 6-2.9
- 5.3 Discuss the appropriate equipment utilized to obtain pediatric vital signs. (C-1) / 6-2.14
- 5.4 Determine appropriate airway adjuncts for infants and children. (C-1) 6-2.15
- 5.5 Discuss complications of improper utilization of airway adjuncts with infants and children.
(C-1) 6 2.16
- 5.6 Discuss appropriate ventilation devices for infants and children. (C-1) 6-2.17
- 5.7 Discuss complications of improper utilization of ventilation devices with infants & children.
(C-1) 6-2.18
- 5.8 Discuss appropriate endotracheal intubation equipment for infants and children. (C-1) / 6-2.19
- 5.9 Identify complications of improper endotracheal intubation procedure in infants and children.
(C-1) / 6-2.20
- 5.11 Differentiate between upper airway obstruction and lower airway disease. (C-3) / 6-2.25
- 5.12 Describe the general approach to the treatment of children with respiratory distress, failure, or arrest from upper airway obstruction or lower airway disease. (C-3) / 6-2.26
- 5.13 Discuss the common causes of hypoperfusion in infants and children. (C-1) / 6-2.27
- 5.14 Evaluate the severity of hypoperfusion in infants and children. (C-3) / 6-2.28
- 5.16 Discuss the primary etiologies of cardiopulmonary arrest in infants and children. (C-1) / 6-2.30
- 5.17 Discuss age appropriate vascular access sites for infants and children. (C-1) 6-2.31
- 5.18 Discuss the appropriate equipment for vascular access in infants and children. (C-1) 6-2.32
- 5.19 Identify complications of vascular access for infants and children. (C-1) 6-2.33
- 5.20 Describe the primary etiologies of altered level of consciousness in infants and children. (C-1) 6-2.34
- 5.21 Identify common lethal mechanisms of injury in infants and children. (C-1) / 6-2.35
- 5.22 Discuss anatomical features of children that predispose or protect them from certain injuries.
(C-1) / 6-2.36
- 5.23 Describe aspects of infant and children airway management that are affected by potential cervical spine injury. (C-1) / 6-2.37
- 5.24 Identify infant and child trauma patients who require spinal immobilization. (C-1) / 6-2.38
- 5.25 Discuss fluid management and shock treatment for infant and child trauma patient. (C-1) / 6-2.39
- 5.26 Discuss the parent/ caregiver responses to the death of an infant or child. (C-1) / 6-2.44
- 5.27 Discuss basic cardiac life support (CPR) guidelines for infants and children. (C-1) / 6-2.47
- 5.28 Identify appropriate parameters for performing infant and child CPR. (C-1) / 6-2.48
- 5.29 Integrate advanced life support skills with basic cardiac life support for infants and children.
(C-3) / 6-2.49
- 5.30 Discuss the indications, dosage, route of administration and special considerations for medication administration in infants and children. (C-1) / 6-2.50
- 5.31 Discuss appropriate transport guidelines for infants and children. (C-1) / 6-2.51
- 5.32 Discuss appropriate receiving facilities for low and high risk infants and children. (C-1) / 6-2.52
- 5.35 Discuss the assessment findings associated with respiratory distress/ failure in infants and children. (C-1) / 6-2.55
- 5.36 Discuss the management/ treatment plan for respiratory distress/ failure in infants and children.
(C-1) / 6-2.56
- 5.39 Discuss the assessment findings associated with hypoperfusion in infants and children. (C-1) / 6-2.59
- 5.40 Discuss the management/ treatment plan for hypoperfusion in infants and children. (C-1) / 6-2.60
- 5.45 Discuss the assessment findings associated with trauma in infants and children. (C-1) / 6-2.71
- 5.46 Discuss the management/ treatment plan for trauma in infants and children. (C-1) / 6-2.72

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the student will be able to:

- 5.47 Demonstrate the appropriate approach for treating infants and children. (P-2) / 6-2.91
- 5.48 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children. (P-2) / 6-2.92
- 5.49 Demonstrate an appropriate assessment for different developmental age groups. (P-2) / 6-2.93
- 5.50 Demonstrate an appropriate technique for measuring pediatric vital signs. (P-2) / 6-2.93
- 5.51 Demonstrate the use of a length-based resuscitation device for determining equipment sizes, drug doses and other pertinent information for a pediatric patient. (P-2) / 6-2.95
- 5.52 Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest. (P-2) / 6-2.96
- 5.53 Demonstrate proper technique for administering blow-by oxygen to infants and children. (P-2) / 6-2.97
- 5.54 Demonstrate the proper utilization of a pediatric non-rebreather oxygen mask. (P-2) / 6-2.98
- 5.55 Demonstrate proper technique for suctioning of infants and children. (P-2) / 6-2.99
- 5.56 Demonstrate appropriate use of airway adjuncts with infants and children. (P-2) / 6-2.100
- 5.57 Demonstrate appropriate use of ventilation devices for infants and children. (P-2) 6-2.101
- 5.58 Demonstrate endotracheal intubation procedures in infants and children. (P-2) / 6-2.102
- 5.59 Demonstrate appropriate treatment/ management of intubation complications for infants and children. (P-2) / 6-2.103
- 5.62 Demonstrate an appropriate technique for insertion of peripheral intravenous catheters for infants and children. (P-2) / 6-2.106
- 5.63 Demonstrate an appropriate technique for administration of intramuscular, inhalation, subcutaneous, rectal, endotracheal and oral medication for infants and children. (P-2) / 6-2.106
- 5.65 Demonstrate appropriate interventions for infants and children with a partially obstructed airway. (P-2) / 6-2.109
- 5.66 Demonstrate age appropriate basic airway clearing maneuvers for infants and children with a completely obstructed airway. (P-2) / 6-2.110
- 5.67 Demonstrate proper technique for direct laryngoscopy and foreign body retrieval in infants and children with a completely obstructed airway. (P-2) / 6-2.111
- 5.68 Demonstrate appropriate airway and breathing control maneuvers for infant and child trauma patients. (P-2) /
- 5.69 Demonstrate appropriate treatment of infants and children requiring advanced airway and breathing control. (P-2) / 6-2.113
- 5.70 Demonstrate appropriate immobilization techniques for infant and child trauma patients. (P-2) / 6-2.114
- 5.71 Demonstrate treatment of infants and children with head injuries. (P-2) / 6-2.115
- 5.72 Demonstrate appropriate treatment of infants and children with chest injuries. (P-2) / 6-2.116
- 5.73 Demonstrate appropriate treatment of infants and children with abdominal injuries. (P-2) / 6-2.117
- 5.74 Demonstrate appropriate treatment of infants and children with extremity injuries. (P-2) / 6-2.118
- 5.75 Demonstrate appropriate treatment of infants and children with burns. (P-2) / 6.2.119
- 5.76 Demonstrate appropriate parent/ caregiver interviewing techniques for infant and child death situations.(P-2) / 6-2.120
- 5.77 Demonstrate proper infant CPR. (P-2) / 6-2.121
- 5.78 Demonstrate proper child CPR. (P-2) / 6-2.122
- 5.79 Demonstrate proper techniques for performing infant and child defibrillation. (P-2) / 6-2.123

COGNITIVE OBJECTIVES

At the completion of this unit, the student will be able to:

- 6.1 Discuss the importance of completing an ambulance equipment/ supply checklist. (C-1)
- 6.2 Given a scenario involving arrival at the scene of a motor vehicle collision, assess the safety of the scene and propose ways to make the scene safer. (C-3) / 1-2.11
- 6.3 List factors that contribute to safe vehicle operations. (C-1) / 1-2.12
- 6.4 Describe the considerations that should be given to: (C-1) / 1-2.13
 - Using escorts
 - Adverse environmental conditions
 - Using lights and siren
 - Proceeding through intersections
 - Parking at an emergency scene
- 6.5 Discuss the concept of "due regard for the safety of all others" while operating an emergency vehicle. (C-1) / 1-2.14
- 6.6 Explain how EMS providers are often mistaken for the police. (C-1) / 8-5.1
- 6.7 Explain specific techniques for risk reduction when approaching the following types of routine EMS scenes: (C-1) / 8-5.2
 - Highway encounters
 - Violent street incidents
 - Residences and "dark houses"
- 6.8 Describe warning signs of potentially violent situations. (C-1) / 8-5.3
- 6.9 Explain emergency evasive techniques for potentially violent situations, including: (C-1) / 8-5.4
 - Threats of physical violence.
 - Firearms encounters
 - Edged weapon encounters
- 6.10 Explain EMS considerations for the following types of violent or potentially violent situations: (C-1) / 8-5.5
 - Gangs and gang violence
 - Hostage/ sniper situations
 - Clandestine drug labs
 - Domestic violence
 - Emotionally disturbed people
 - Hostage/ sniper situations
- 6.11 Explain the following techniques: (C-1) / 8-5.6
 - Field "contact and cover" procedures during assessment and care
 - Evasive tactics
 - Concealment techniques
- 6.12 Describe police evidence considerations and techniques to assist in evidence preservation. (C-1) 8-5.7
- 6.13 Describe the problems that a paramedic might encounter in a hostile situation and the techniques used to manage the situation. (C-1) / 1-2.10
- 6.14 Describe the equipment available for self-protection when confronted with a variety of adverse situations. (C-1) / 1-2.15
- 6.15 Differentiate proper from improper body mechanics for lifting and moving patients in emergency and non-emergency situations. (C-3) / 1-2.9

AFFECTIVE OBJECTIVES

At the completion of this unit, the student will be able to:

- 6.16 Assess personal practices relative to ambulance operations, which may affect the safety of the crew, the patient and bystanders. (A-3) / 8-1.6
- 6.17 Serve as a role model for others relative to the operation of ambulances. (A-3) / 8-1.7
- 6.18 Advocate and practice the use of personal safety precautions in all scene situations. (A-3) / 1-2.43
- 6.19 Discuss the importance of universal precautions and body substance isolation practices. (C-1) / 1-2.30
- 6.20 Describe the steps to take for personal protection from airborne and bloodborne pathogens. (C-1) / 1-2.31
- 6.21 Given a scenario, in which equipment and supplies have been exposed to body substances, plan for the proper cleaning, disinfection, and disposal of the items. (C-3) / 1-2.32
- 6.22 Explain what is meant by an exposure and describe principles for management. (C-1) / 1-2.33
- 6.23 Advocate and serve as a role model for other EMS providers relative to body substance isolation practices. (A-3) 1-2.43

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the student will be able to:

- 6.24 Demonstrate the following techniques: (P-1) / 8-5.8
 - Field "contact and cover" procedures during assessment and care
 - Evasive tactics
 - Concealment techniques
- 6.25 Demonstrate the proper procedures to take for personal protection from disease. (P-2) / 1-2.46
- 6.26 Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations. (P-2) / 1-2.45
- 6.27 Demonstrate how to place a patient in, and remove a patient from, an ambulance. (P-1) / 8-1.9